



EVALUATION REPORT FOR GRYD CALVIP COHORT 2:  
**PROVIDING TRAUMA-INFORMED CARE TRAINING AND  
TECHNICAL ASSISTANCE TO GRYD INTERVENTION FAMILY  
CASE MANAGEMENT SERVICE PROVIDERS**

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# TABLE OF CONTENTS

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<b>EXECUTIVE SUMMARY</b> .....	2
<b>PROJECT BACKGROUND</b> .....	3
<b>RESEARCH DESIGN</b> .....	4
<b>DATA COLLECTION</b> .....	5
<b>RESULTS</b> .....	8
Goal 1: Assess the organizational culture of GRYD provider agencies providing GRYD FCM services from a trauma-informed perspective. ....	6
Goal 2: Assess trauma-specific skill-building training provided to all GRYD FCM service providers .....	14
Feedback on Individual Training Sessions .....	15
Basic Knowledge of Trauma and Resiliency Part 1 .....	15
Basic Knowledge of Trauma and Resiliency Part 2.....	16
How to Incorporate Trauma-Informed Principles in One-on-One Work with GRYD Clients and Their Families/Support Systems.....	17
How to Run Trauma-Informed Groups/Circles .....	18
Management and Wellness Plan .....	19
GRYD FCM Provider Management Training .....	20
Utilizing Trauma-Informed Practices: Comparisons Before and After the Training .....	21
Goal 3: Develop and implement a peer mentor model within agencies providing GRYD FCM services that supports the use of trauma-specific practices and attends to staff wellness.....	24
Goal 4: Evaluate whether the training and technical assistance provided to GRYD FCM provider agencies relates to an increase in the degree to which the organization is utilizing trauma-informed practices and prescribes to the values of a trauma-informed organization. ....	25
Interview Takeaways Related to the Trainings .....	25
Interview Takeaways Related to the Peer Support Workers .....	25
<b>CONCLUSIONS</b> .....	26
<b>LOGIC MODEL</b> .....	27
<b>REFERENCES</b> .....	28

# EXECUTIVE SUMMARY

The current project was successful in its main objectives in providing trauma-informed care training and on the ground technical assistance to GRYD Intervention Family Case Management (FCM) service providers. This achievement is particularly notable given these goals were identified prior to the pandemic. The major accomplishments of the project include delivering five training topics on trauma-informed care across several sessions to nearly 200 service providers. In addition, "on the ground" technical assistance was provided to all GRYD FCM providers across the City of Los Angeles. This technical assistance, provided by five peer support workers, included 204 visits to agencies, 81 healing circles, and attendance at 76 agency activities across all agencies. The main barrier for the current project was carrying it out during a pandemic. This meant that all trainings transitioned to being delivered online. Additional challenges included gaining buy-in from GRYD FCM providers to work with the peer support workers. Most providers eventually engaged with their peer support worker once rapport was established. Several lessons were learned including the need for more wellness supports for GRYD FCM service provider staff. In addition, many providers indicated that they were already using several trauma-informed care practices and that there is a high level of buy-in for the work across agencies.

# PROJECT BACKGROUND

A core principle of the GRYD Comprehensive Strategy is to embody a trauma-informed, healing-centered, and resilience-informed approach in the delivery of its services to young people, emerging adults, and their families. To this end, the GRYD Office has partnered with experts in trauma and trauma-informed systems and initiated three projects to begin building capacity for trauma-informed care within GRYD's Intervention Family Case Management (FCM) Program. GRYD's FCM Program serves youth and young adults between the ages of 14 and 24 who are gang-involved. These services include the family/support system whenever possible and focus on reducing gang embeddedness by supporting and increasing resiliency among participants and their families/support system (Tremblay, Herz, Zachery, and Kraus, 2020).

The first project related to this work was a Trauma-Informed Needs Assessment Study conducted with GRYD FCM service providers to gain a sense of what their agencies were already doing related to trauma-informed care and its associated practices. Next, the results of the needs assessment survey were used as the foundation for two trauma courses delivered to GRYD FCM service providers. Building off this work, the Community Restorative Healing (CORE) Project was implemented. Funded by the Office for Juvenile Justice and Delinquency Prevention (OJJDP), the CORE Project integrated trauma-specific mental health services and indigenous healing practices into the work of select GRYD provider agencies. Finally, a trauma workgroup was convened that developed several recommendations to continue to integrate trauma-informed care into GRYD service provision. The current project builds off these trauma-focused initiatives that the GRYD Office has spearheaded since 2015 (see Dierkhising, 2020).

This project builds on the lessons learned from these initiatives and takes the next step in infusing trauma-informed practices throughout GRYD FCM service provision by helping GRYD FCM provider staff recognize and address trauma experienced from their own life experiences and in the course of serving clients and their families. **The overarching goals of the current project were to:**

1. Assess the organizational culture related to trauma-informed care among GRYD FCM provider agencies.
2. Develop and deliver a trauma-specific skill-building training
3. Support the implementation of the skills learned in the training and to facilitate trauma-informed healing circles focused on staff wellness by integrating Peer Support Workers (PSWs) into GRYD provider agencies

Evaluation activities began in January 2020 and concluded in February 2022. Due to the pandemic the project was extended approximately one year. All activities transitioned to online or remote delivery due to the pandemic. There were three main components to the evaluation: (1) the organizational assessment, (2) assessment of the training, and (3) tracking and evaluation of the Peer Support Workers' activities. **The specific goals and objectives of the evaluation are:**

**GOAL 1:** Assess the organizational culture of GRYD provider agencies providing GRYD FCM services from a trauma-informed perspective.

**Objective 1:** Identify and utilize a trauma-specific organizational assessment to evaluate the degree to which GRYD provider agencies are utilizing trauma-informed practices and prescribe to the values of a trauma-informed organization.

**GOAL 2:** Assess trauma-specific skill-building training provided to all GRYD FCM service providers.

**Objective 1:** Assess knowledge, attitudes, skills, and satisfaction pre and post each course to evaluate utility, fit, and effectiveness of trainings/courses.

**GOAL 3:** Develop and implement a peer mentor model within GRYD provider agencies providing GRYD FCM services that supports the use of trauma-specific practices and attends to staff wellness.

**Objective 1:** Track and evaluate the implementation of the peer mentor model.

**GOAL 4:** Evaluate whether the training and technical assistance provided to GRYD provider agencies relates to an increase in the degree to which the organization is utilizing trauma-informed practices and prescribes to the values of a trauma-informed organization.

# RESEARCH DESIGN

The current evaluation takes a mixed methods approach to assess potential changes in organizational culture, effectiveness of trauma trainings, and documenting the implementation and utility of the peer mentor model. It was hypothesized that the implementation of both the trainings and the peer mentor model would have an impact on the organizational culture. To evaluate this, we used a before and after quasi-experimental design to assess for changes over time in organizational culture. Due to a low response rate to the follow up survey on the organizational culture this data component was replaced with follow up interviews.

For the training component of the project, an outcome evaluation was conducted to assess for changes in knowledge in trauma-informed care and confidence in utilizing trauma-informed practices before and after the training sessions.

A process evaluation was conducted to assess the utility and implementation process of the peer mentor model. Therefore, we tracked the activities of the peer support workers, interviewed the peer support workers as they did the work, and conducted follow up interviews with individuals who worked with the peer support workers.

# DATA COLLECTION

**Trauma-Informed Organizational Assessment.** The National Child Traumatic Stress Network's (NCTSN) Trauma-Informed Organizational Assessment (Halladay, Purbeck, & Agosti, 2019) was used to assess the degree to which GRYD provider agencies are utilizing trauma-specific services and prescribes to the values of a trauma-informed agency. This data was collected via an online survey sent via email to GRYD FCM provider staff, followed by a series of follow-up emails (3 total). A total of 46 GRYD FCM provider staff were sent emails; as two individuals represented each of the 23 GRYD Zones that provide GRYD FCM services. The same assessment was sent as a post-survey to all GRYD FCM provider staff who completed the first organizational assessment. This was designed to be able to identify whether there was organizational change across agencies following the overall project. The Organizational Assessment taps into nine constructs related to trauma-informed care (Trauma-Informed Organizational Assessment (TIOA) Informational Packet, n.d.), and six of the nine constructs were used for the current study including: screening, workforce development, secondary traumatic stress, parent and caregiver trauma, cultural responsiveness, and resilience and protective factors.

**Training Polls and Surveys.** Following each training that was delivered via zoom, a zoom poll was conducted to assess utility and satisfaction of the training session. In addition, a pre-post survey was sent via email to all GRYD FCM providers that included questions on their current knowledge and understanding of trauma and an assessment of their own trauma exposure and traumatic stress reactions. Current knowledge and confidence in abilities questions were developed for the current study based on the content provided in the trainings and prior research with GRYD FCM providers (Dierkhising & Kerig, 2017).

GRYD FCM provider managers had one session that was specifically devoted to them. Following this training, managers were surveyed on the utility and satisfaction with the course and queried regarding their use of specific trauma-informed practices.

**Peer Mentorship Service Tracking.** Service tracking was done in collaboration with Volunteers of America (VOA). Each PSW completed a summary of their activities each month which was shared with the evaluation team.

**Peer Mentorship Process Interviews.** Every two months, during service delivery, PSWs were invited to participate in an interview to provide feedback on how project activities were going.

**Follow Up Interviews.** At the conclusion of project activities, interviews were conducted with a random sample of GRYD FCM providers and GRYD Regional Program Coordinators (RPCs- representatives of the GRYD Office).

**Missing Data:** All evaluation activities were approved by Cal State LA's Institutional Review Board (IRB) including all recruitment and informed consent procedures. Because this evaluation is human subjects research all activities were voluntary which led to variation in response rates and for missing data. Several follow ups (e.g., email or text reminders), when appropriate, were used as part of the approved procedure to improve response rates.

# RESULTS

## Goal 1:

### **Assess the organizational culture of GRYD provider agencies providing GRYD FCM services from a trauma-informed perspective.**

Prior to beginning the current initiative, all GRYD FCM providers were sent an organizational assessment of trauma-informed care via email (N = 46). Thirty-three individuals responded, a 72% response rate. Just over half of the respondents were supervisors, executives, or site directors (54.6%), the remaining respondents were case managers or community intervention workers. An overview of these results is provided in the Figures below. Because some respondents did not answer all the questions data are presented as the number of respondents (i.e., n's) rather than percentages.

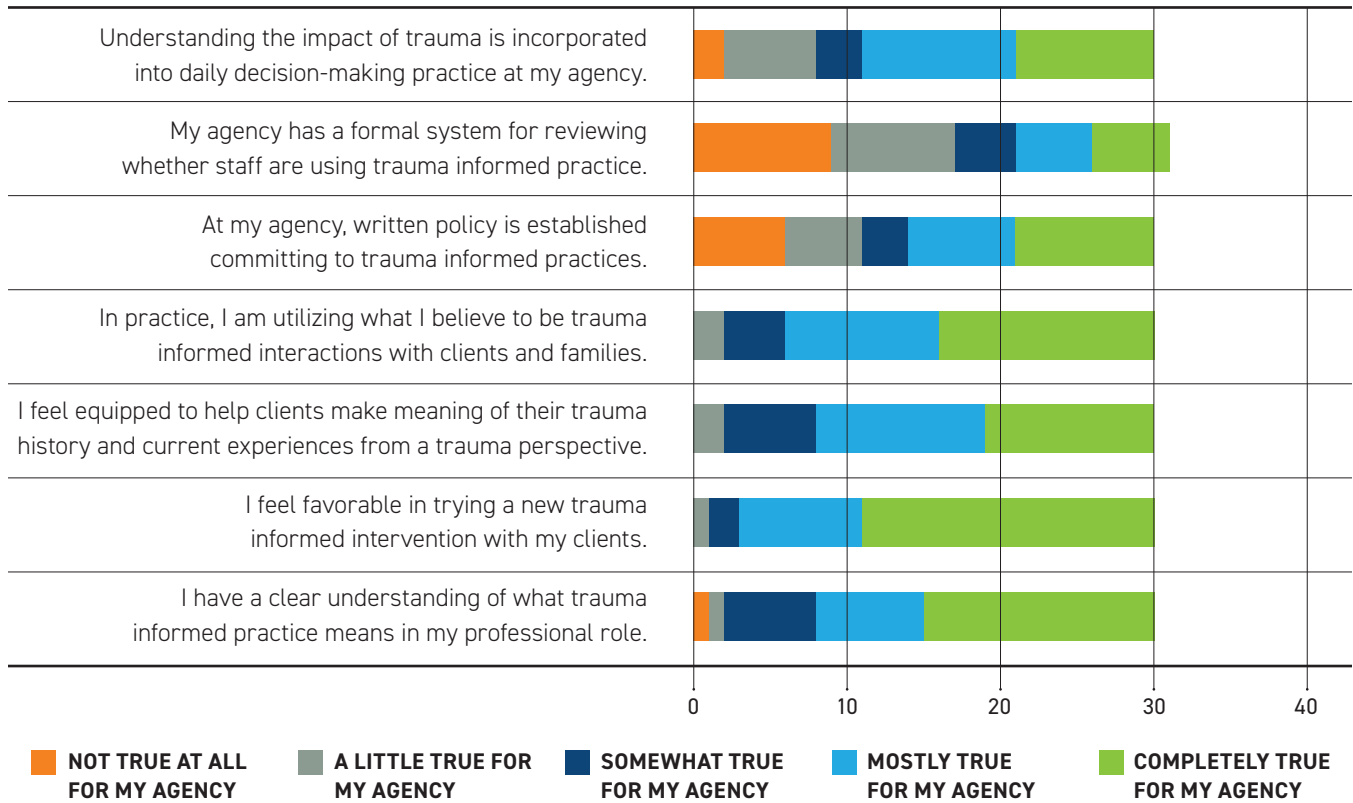
*Table 1. Role in Respective GRYD Provider Agency (N = 33)*

<b>Case Manager</b>	18.20%
<b>Community Intervention Worker</b>	27.30%
<b>Executive or Site Director</b>	15.20%
<b>Supervisor</b>	39.40%

Overall, respondents indicated a high level of favorability towards trauma-informed care as shown in Figure 1. For example, nearly all respondents indicated that their agencies were favorable in trying new trauma-informed interventions with GRYD FCM clients and felt they were using what they believe to be trauma-informed interactions with young people, emerging adults, and their families/support systems. However, regarding whether the agency has a formal system for reviewing whether staff are using trauma-informed practice, more than half of the respondents (n = 17) stated that was either not true or a little true for their agency.

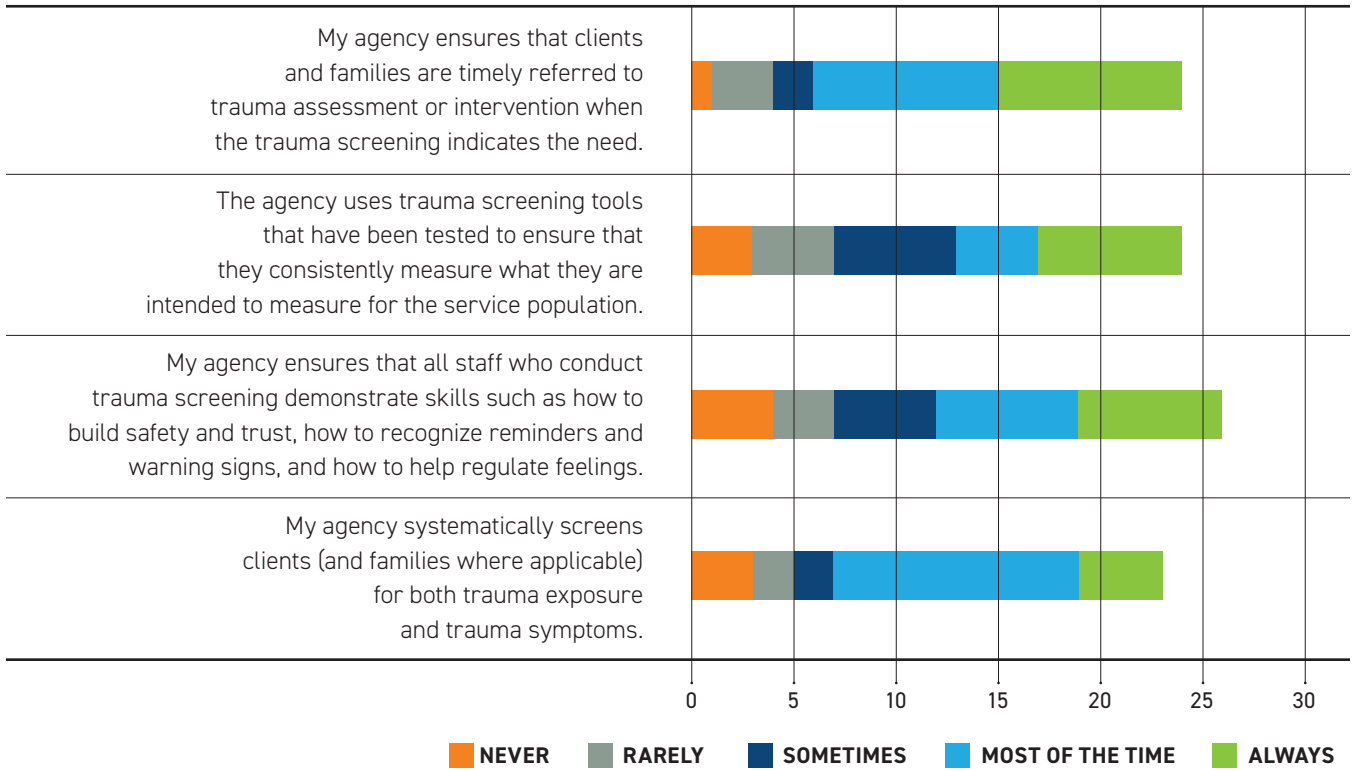


**FIGURE 1. ATTITUDES AND USE OF TRAUMA-INFORMED CARE PRACTICES (N=31)**



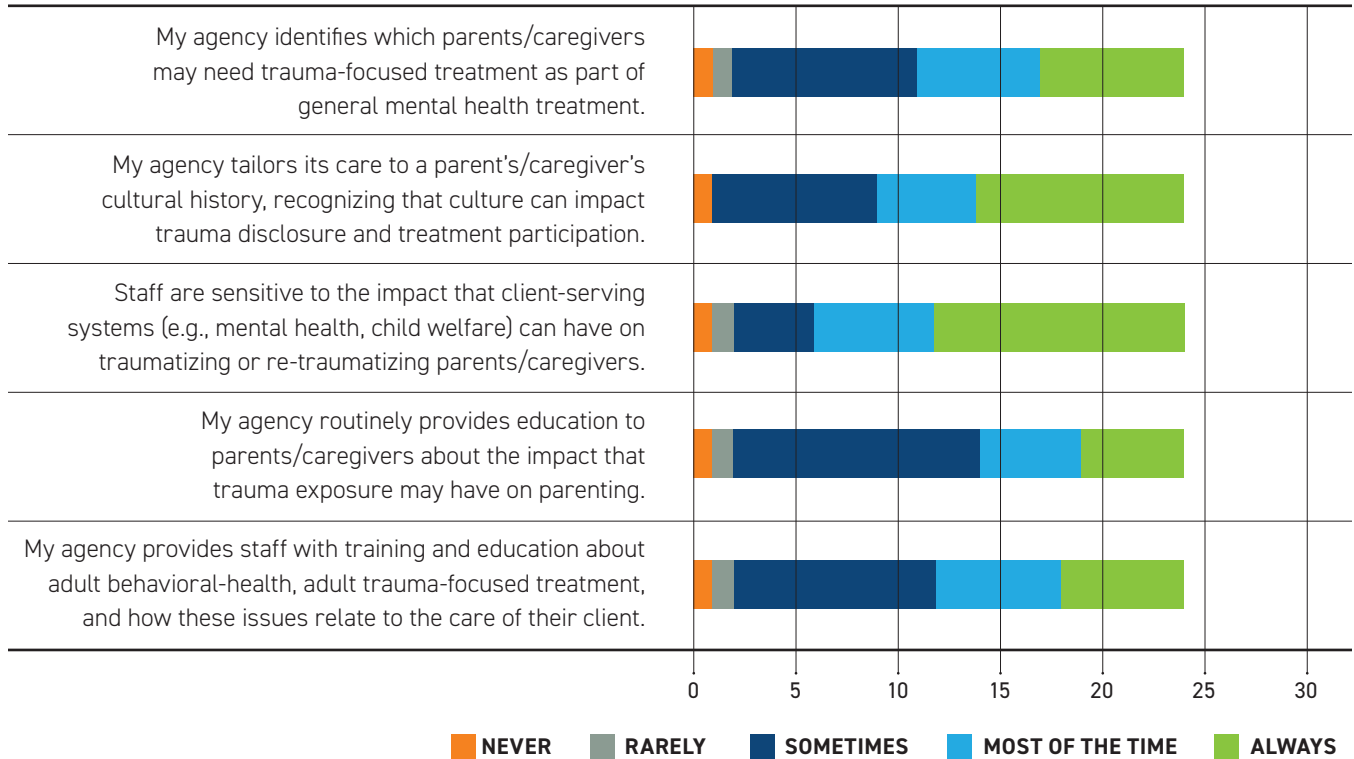
Overall, respondents indicated mixed responses to trauma-informed screening and assessment. As shown in Figure 2, the utilization of trauma screening tools, as well as ensuring staff demonstrate skills of building safety and trust, were areas that respondents had more variability in response. However, respondents indicated a high level of utilizing screening assessments and referring clients to the appropriate services in a timely manner.

**FIGURE 2. TRAUMA-INFORMED SCREENING AND ASSESSMENT PRACTICES (N=26)**

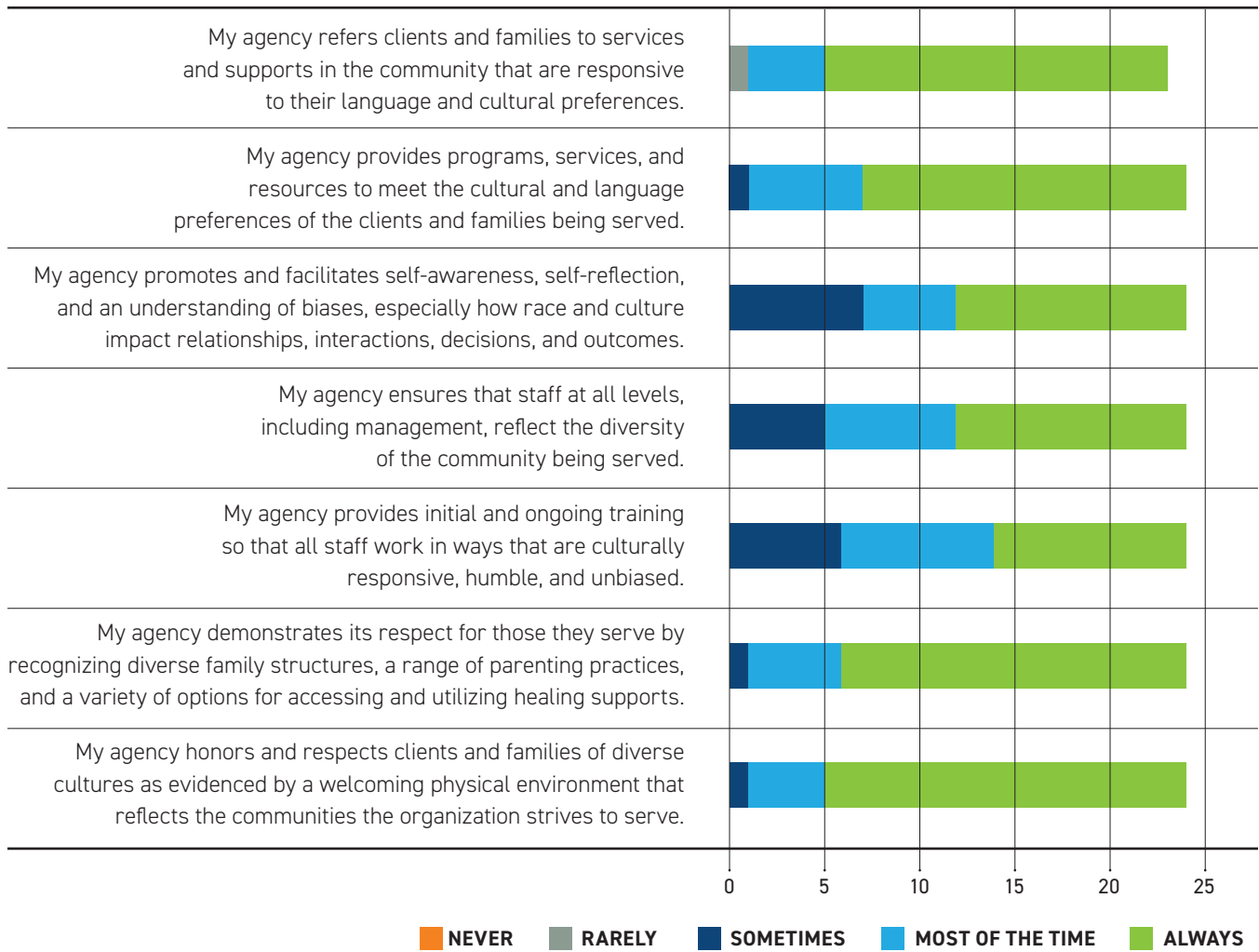


Respondents indicated that the attention to parent/caregiver trauma is an area where efforts are being made. However, respondents also indicated that the level of consistency in which these efforts were made varied. As seen in Figure 3, efforts to be sensitive to the potential of traumatizing, or re-traumatizing parents are made on a consistent basis (Always, n = 12, Most of the time, n = 6). Areas such as educating parents/caregivers about the impact of trauma exposure, are areas in which the respondents noted that most agencies only do sometimes (n = 12).

**FIGURE 3. ATTENTION TO PARENT/CAREGIVER TRAUMA (N=24)**



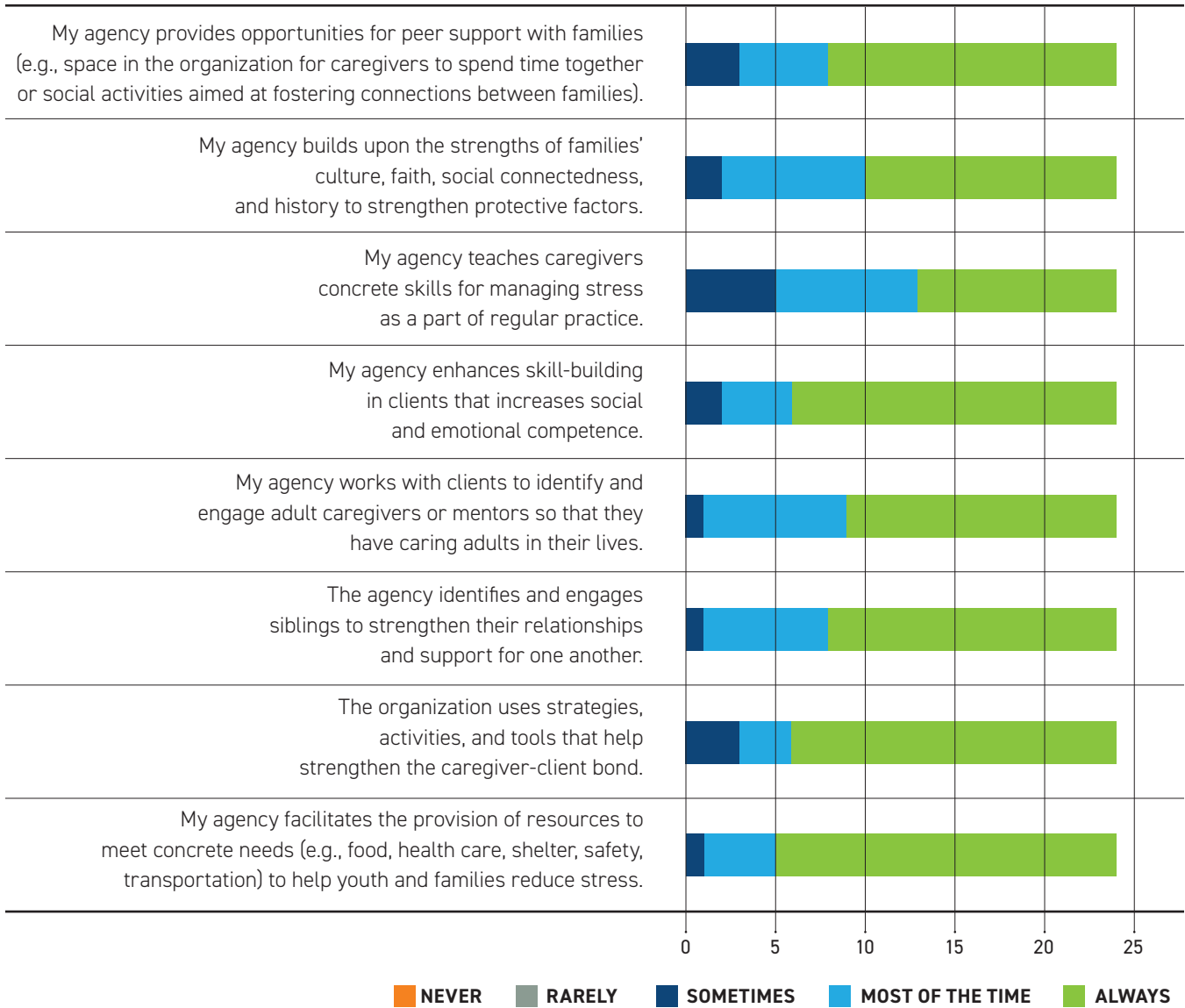
**FIGURE 4. CULTURAL RESPONSIVENESS (N = 24)**



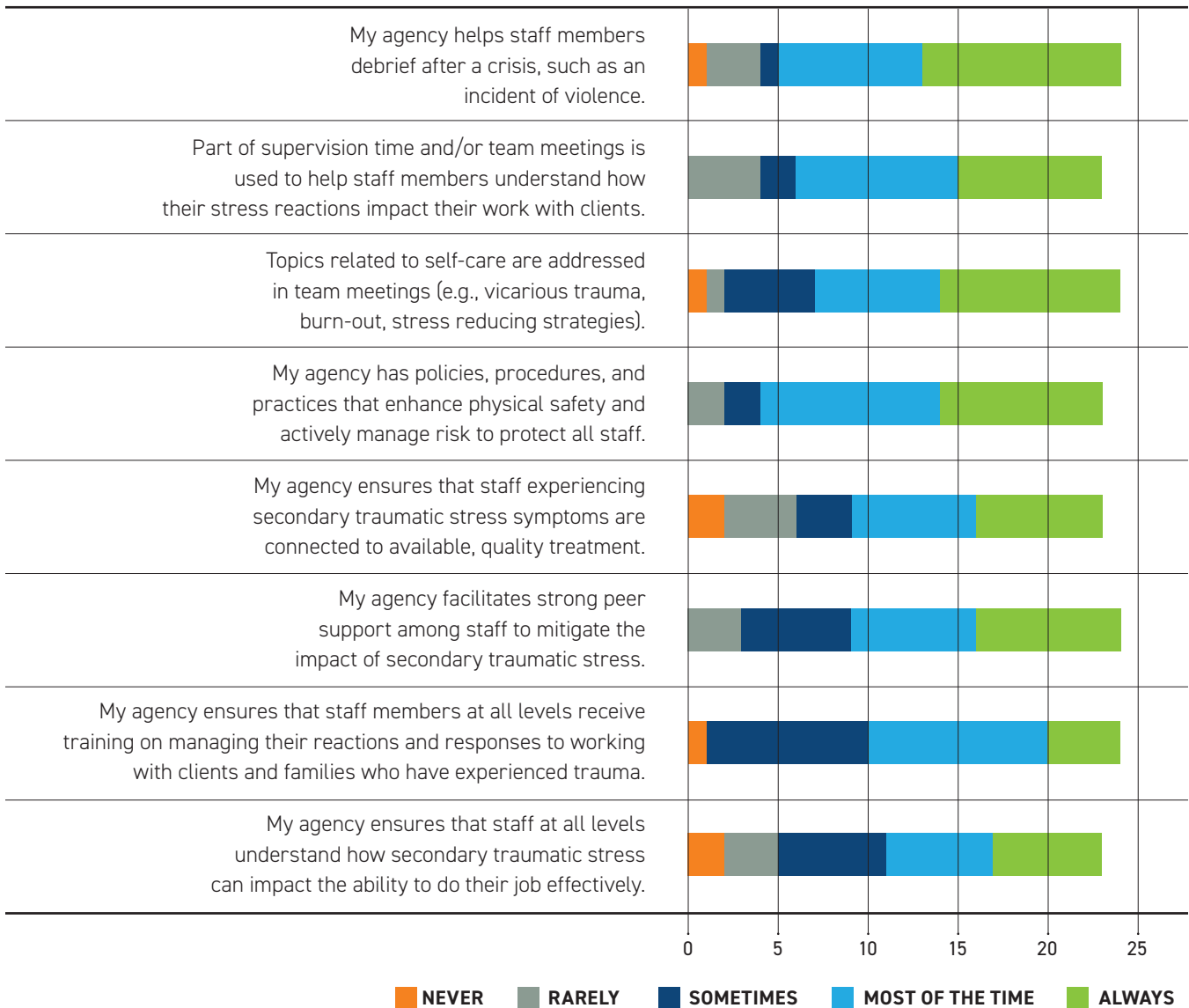
Respondents indicated high levels of cultural responsiveness, as seen in Figure 4. This is reflective of the diverse communities that many of these GRYD provider agencies serve. GRYD provider agencies are consistently making efforts to make sure their staff are culturally responsive and that they represent the community they serve. It was also noted that the GRYD provider agencies are almost always honoring and respecting their clients and families/support systems of diverse cultures and providing a welcoming environment (n = 19).

Overall, there was a consensus that GRYD provider agencies make the concerted effort to evaluate and strengthen resiliency and protective factors with GRYD FCM clients and their families/support systems. As shown in Figure 5, respondents indicated how their agencies aim to support clients and their caregivers through various methods. Providing resources to meet concrete needs, skill building, and strengthening the caregiver-client bond were all methods in which respondents indicated a high level of attention. GRYD provider agencies also showed that efforts to strengthen sibling relationships were essential to the goal of strengthening protective factors for GRYD FCM clients (n = 19).

**FIGURE 5. RESILIENCE AND PROTECTIVE FACTORS (N = 24)**



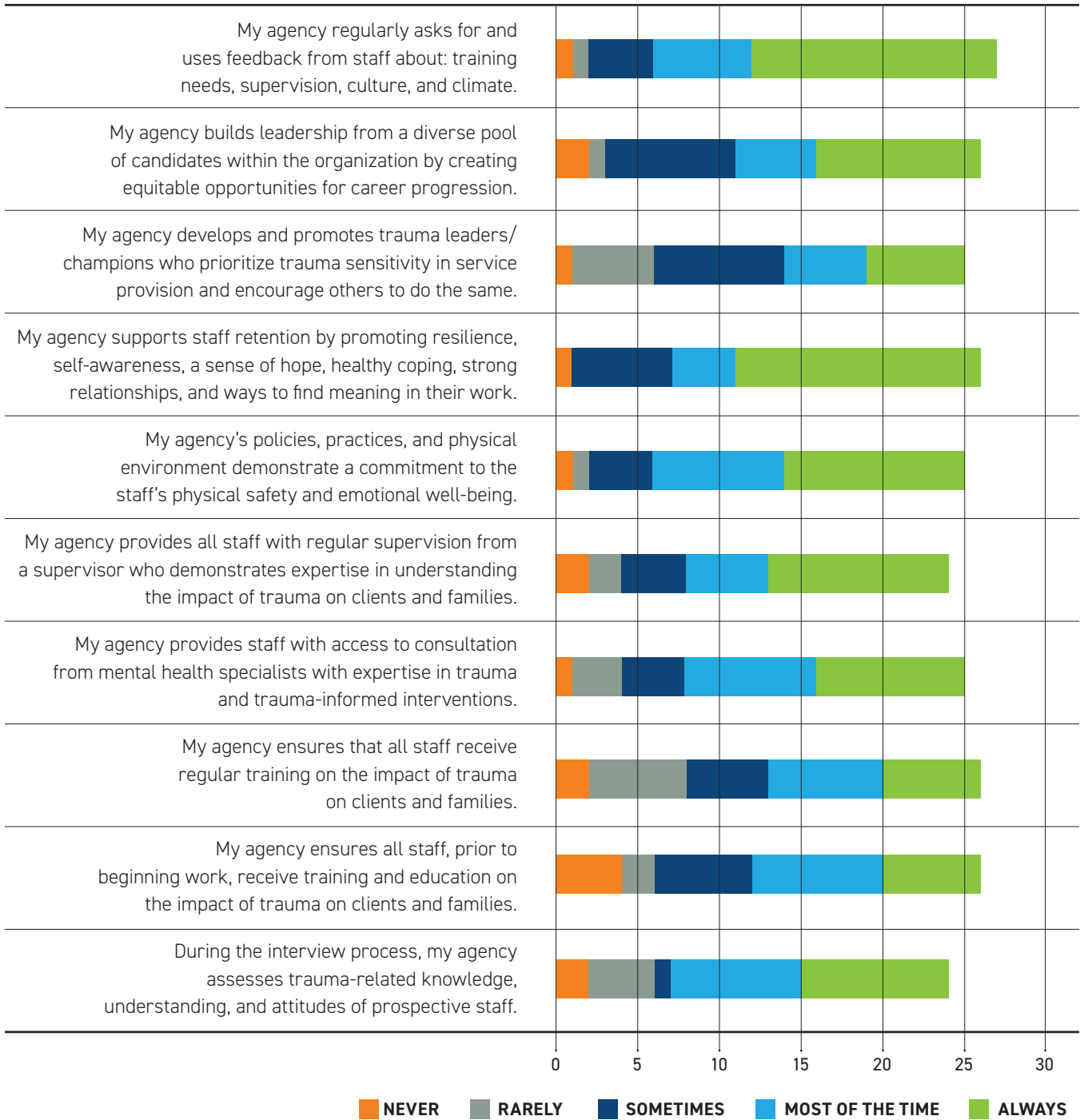
**FIGURE 6. SECONDARY TRAUMATIC STRESS (N = 24)**



As shown in Figure 6, respondents indicated, for the most part, that there was some amount of time spent in meetings and/or supervision on stress and self-care. However, most of the respondents indicated that training staff on how to manage their reactions and responses to working with clients and families/support systems who have experienced trauma sometimes, rarely, or never occurs at all (n = 19). Half of the respondents indicated that the agency ensures that staff at all levels understand how secondary traumatic stress can impact the ability to do their job effectively most of the time (n = 6) or always (n = 6).

Respondents indicated more variability in workforce development related to trauma-informed care. As seen in Figure 7, utilizing feedback from staff about training needs, supervision, culture, and climate was an area that was most common across agencies (n = 15).

**FIGURE 7. WORKFORCE DEVELOPMENT (N = 27)**



## Goal 2:

### Assess trauma-specific skill-building training provided to all GRYD FCM service providers.

Five training sessions, covering a range of topics related to trauma-informed care, were developed, and provided by Alma Family Services (AFS). As shown in Table 2, between 158-197 GRYD FCM provider staff attended each session. Following each training session, a voluntary zoom poll was conducted. Most attendees completed the poll at the end of each session (82-123).

*Table 2. Overall attendance at trauma training sessions.*

SESSION TITLE	ATTENDANCE	POLL RESPONDENTS	RESPONSE RATE
Basic Knowledge of Trauma and Resiliency Part 1	197	123	62%
Basic Knowledge of Trauma and Resiliency Part 2	163	93	57%
How to Incorporate Trauma-Informed Principles in One-on-One Work with GRYD Clients and Their Families/Support Systems	186	96	52%
How to Run Trauma-Informed Groups/Circles	179	100	56%
Management and Wellness Plan	158	82	52%

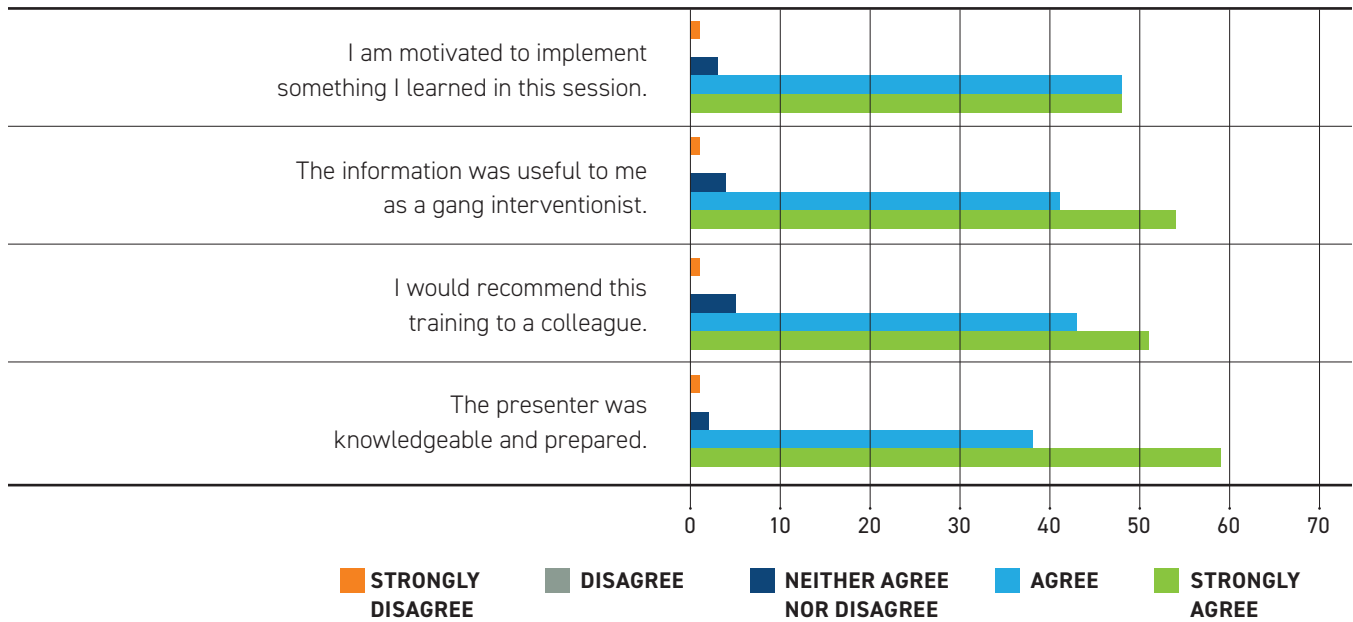


## FEEDBACK ON INDIVIDUAL TRAINING SESSIONS

### BASIC KNOWLEDGE OF TRAUMA AND RESILIENCY PART 1

The first session was an overview of trauma and served as a precursor for the rest of the training schedule. Norms were established, such as confidentiality and conversation etiquette, to help ensure that a safe environment for participation was created. Further, concepts like mental health, self-care, and dealing with loss were also highlighted. The GRYD FCM provider staff then broke out into breakout sessions to discuss these topics in more detail.

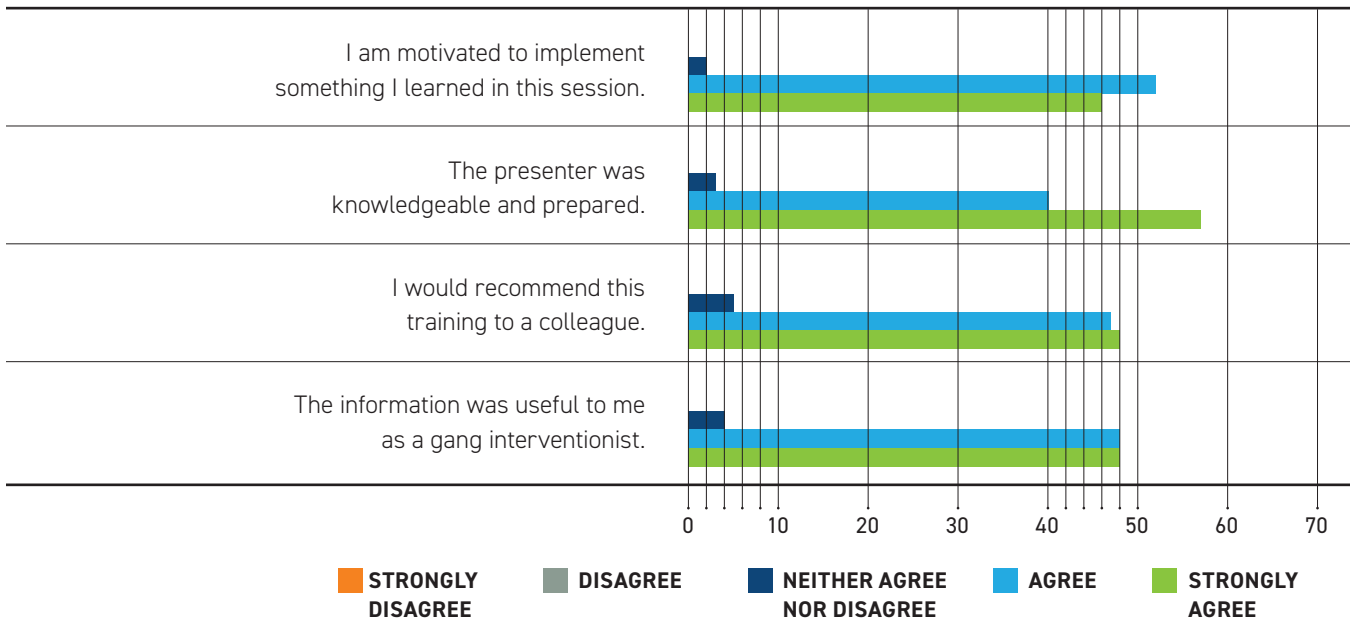
**FIGURE 8. GRYD FCM PROVIDER FEEDBACK:  
BASIC KNOWLEDGE OF TRAUMA AND RESILIENCY PART 1 (N = 123)**



## BASIC KNOWLEDGE OF TRAUMA AND RESILIENCY PART 2

This session focused primarily on the Adverse Childhood Experience (ACE) study. Trauma was the main topic of discussion throughout breakout sessions, and it highlighted the importance of understanding trauma and how to cope with it. The participating GRYD FCM provider staff were also trained on recognizing forms of positive and negative coping mechanisms and how to distinguish between the two. The GRYD provider agencies highlighted the resilience that many of them possess in their work, as well as shared what coping mechanisms they currently use on a regular basis.

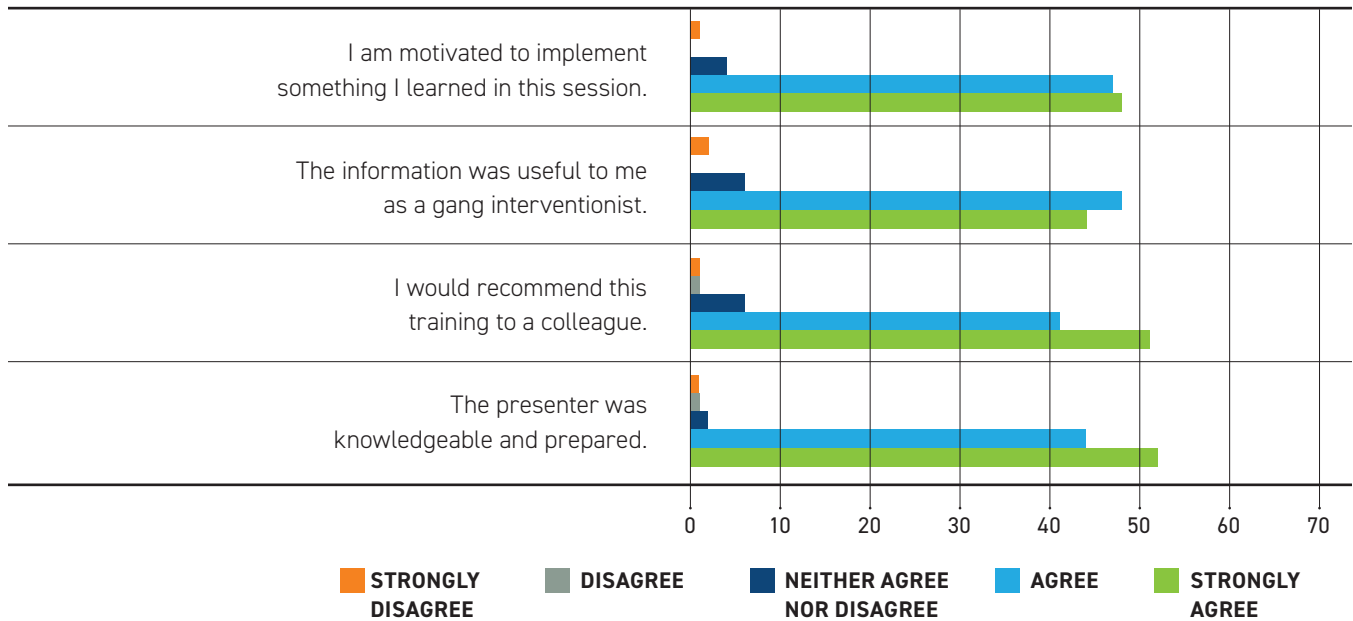
**FIGURE 9. GRYD FCM PROVIDER FEEDBACK:  
BASIC KNOWLEDGE OF TRAUMA AND RESILIENCY PART 2 (N = 93)**



## HOW TO INCORPORATE TRAUMA-INFORMED PRINCIPLES IN ONE-ON-ONE WORK WITH GRYD CLIENTS AND THEIR FAMILIES/SUPPORT SYSTEMS

During this session, GRYD FCM provider staff were trained on how to incorporate specific trauma-informed principles when working with their clients and their families/support systems. During this session, the staff were introduced to the concept of Cognitive Behavioral Triangles and provided examples on how to apply it in their work. The GRYD FCM provider staff were then given the opportunity to discuss their own ideas on how the triangle could be used in their work.

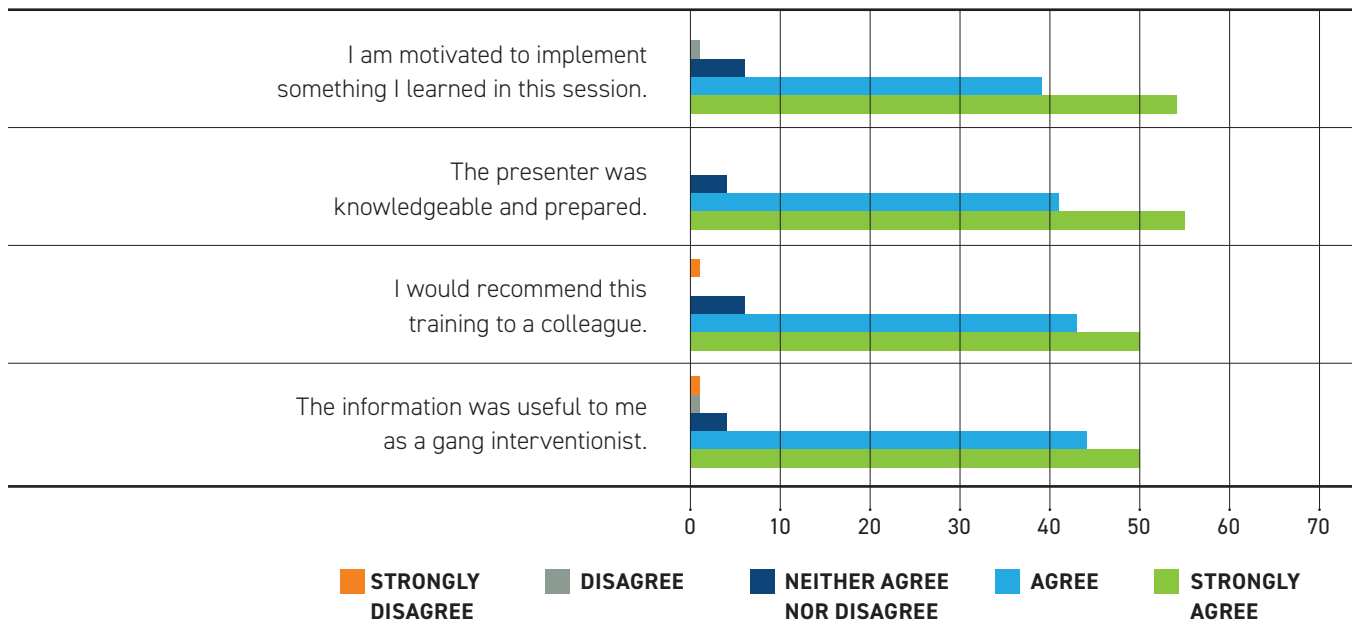
**FIGURE 10. GRYD FCM PROVIDER FEEDBACK: HOW TO INCORPORATE TRAUMA-INFORMED PRINCIPLES IN ONE-ON-ONE WORK WITH GRYD CLIENTS AND FAMILIES (N = 96)**



## HOW TO RUN TRAUMA-INFORMED GROUPS/CIRCLES

This session was primarily focused on training the participating GRYD FCM provider staff on ways to conduct healing/wellness circles within their agency, with clients, or in the community. They were trained on how to create norms and establish their own conversational etiquette for their own circles. This gave the opportunity to learn how to create safe spaces for dialogue when working with their clients and others. The Cognitive Behavioral Triangle was also revisited to further clarify any confusion from the previous session. The GRYD provider agencies were able to break out into smaller groups and discuss the triangle in a more thorough discussion.

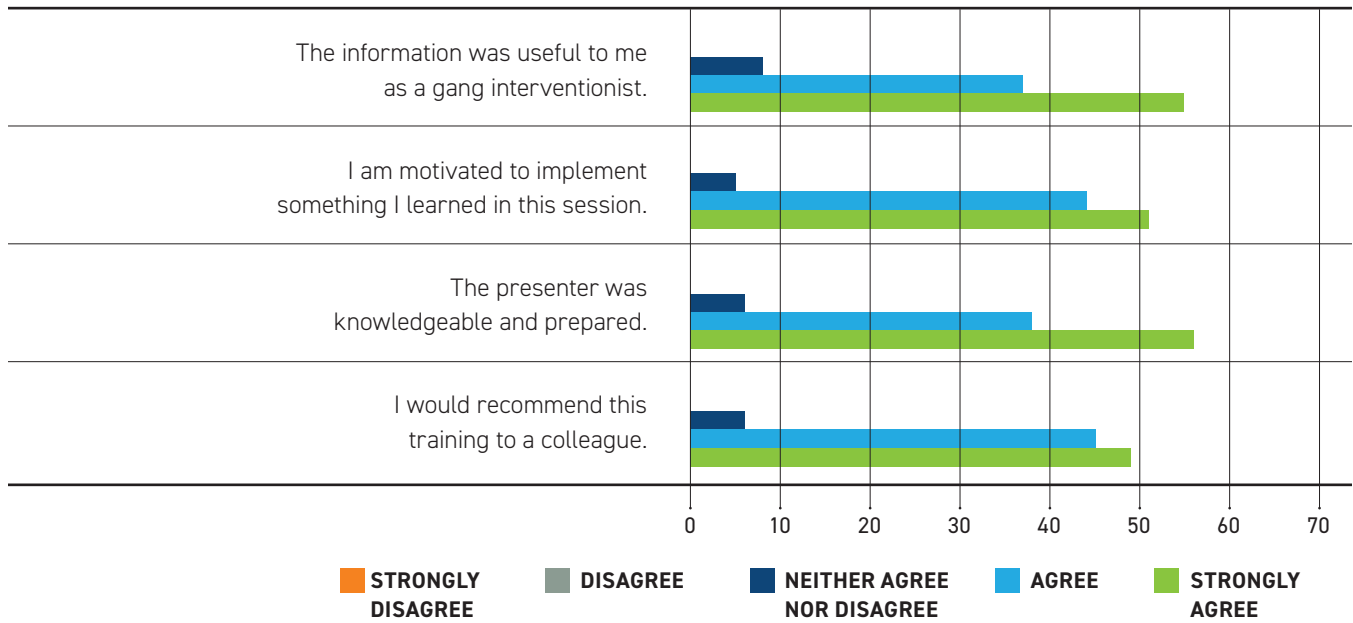
**FIGURE 11. GRYD FCM PROVIDER FEEDBACK:  
HOW TO RUN TRAUMA-INFORMED GROUPS/CIRCLES (N = 100)**



## MANAGEMENT AND WELLNESS PLAN

The final session covered how GRYD FCM provider staff can develop a wellness plan for themselves and understand the impact of vicarious trauma. The focal point of this session was to give GRYD FCM providers the skills and knowledge to be able to take care of themselves, so they can better serve their community. GRYD FCM providers were trained on ways they can recognize the vicarious trauma they experience, in order to create a wellness plan that allows them to continue their work in a healthy manner. They were also reminded that supervisors in their organization are also present to serve as a support system when they are experiencing vicarious or primary trauma.

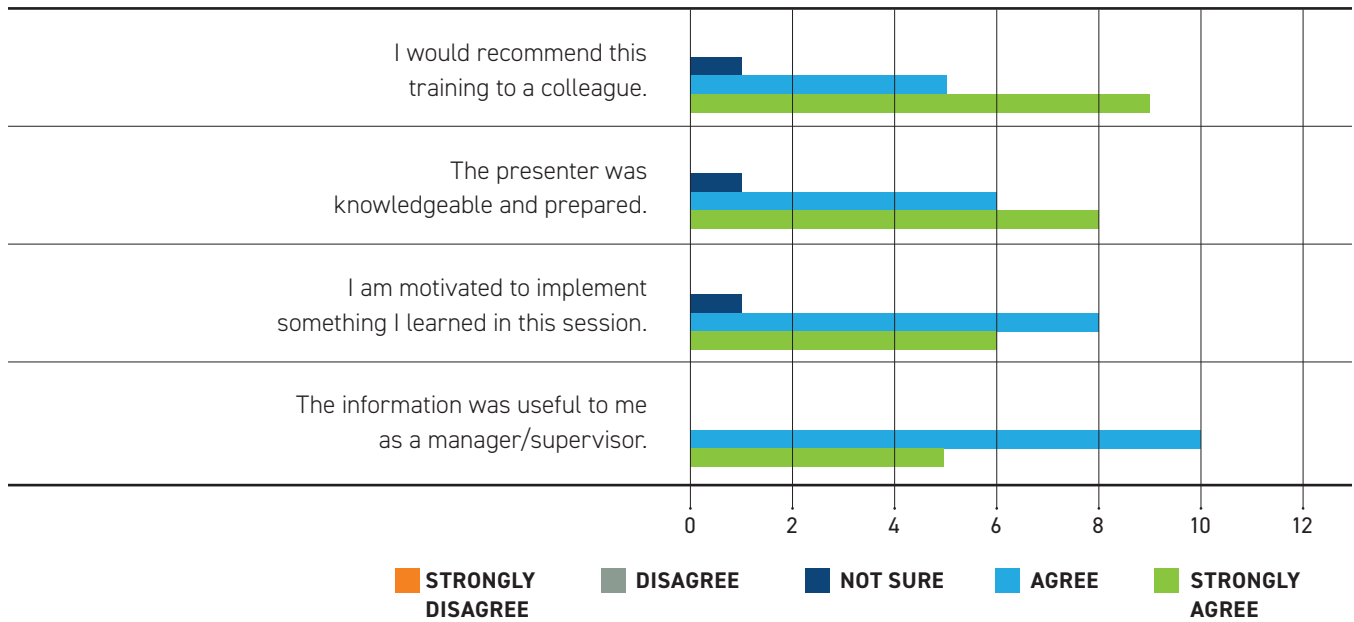
**FIGURE 12. GRYD FCM PROVIDER FEEDBACK:  
HOW TO DEVELOP AND UTILIZE A WELLNESS PLAN (N = 82)**



### GRYD FCM PROVIDER MANAGEMENT TRAINING

This session of training was directed at those with supervisory roles within their respective agencies. GRYD RPCs, as well as FCM provider supervisors were in attendance. Understanding trauma, conducting healing circles, and creating safe spaces for conversations were all addressed during this session. The ultimate purpose of the training was to provide managers with ways to adequately incorporate trauma-informed principles in their agencies, as well as skills on how to support their staff.

**FIGURE 13. GRYD FCM PROVIDER MANAGEMENT TRAINING (N = 15)**

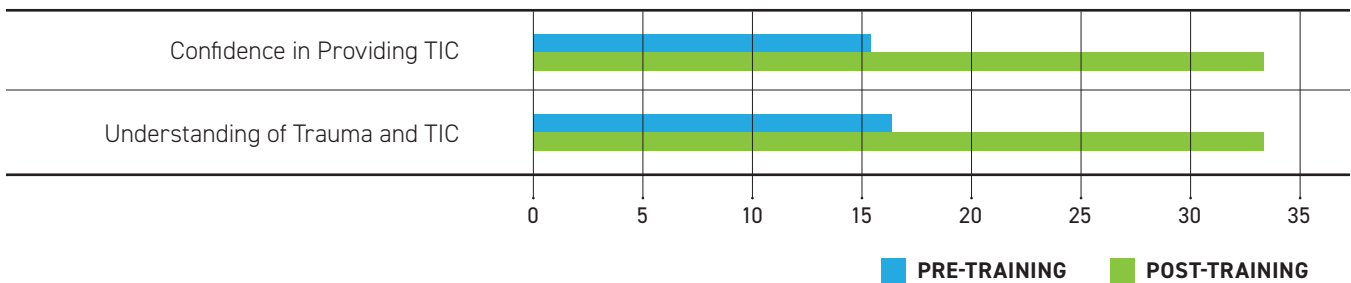


## UTILIZING TRAUMA-INFORMED PRACTICES: COMPARISONS BEFORE AND AFTER THE TRAINING

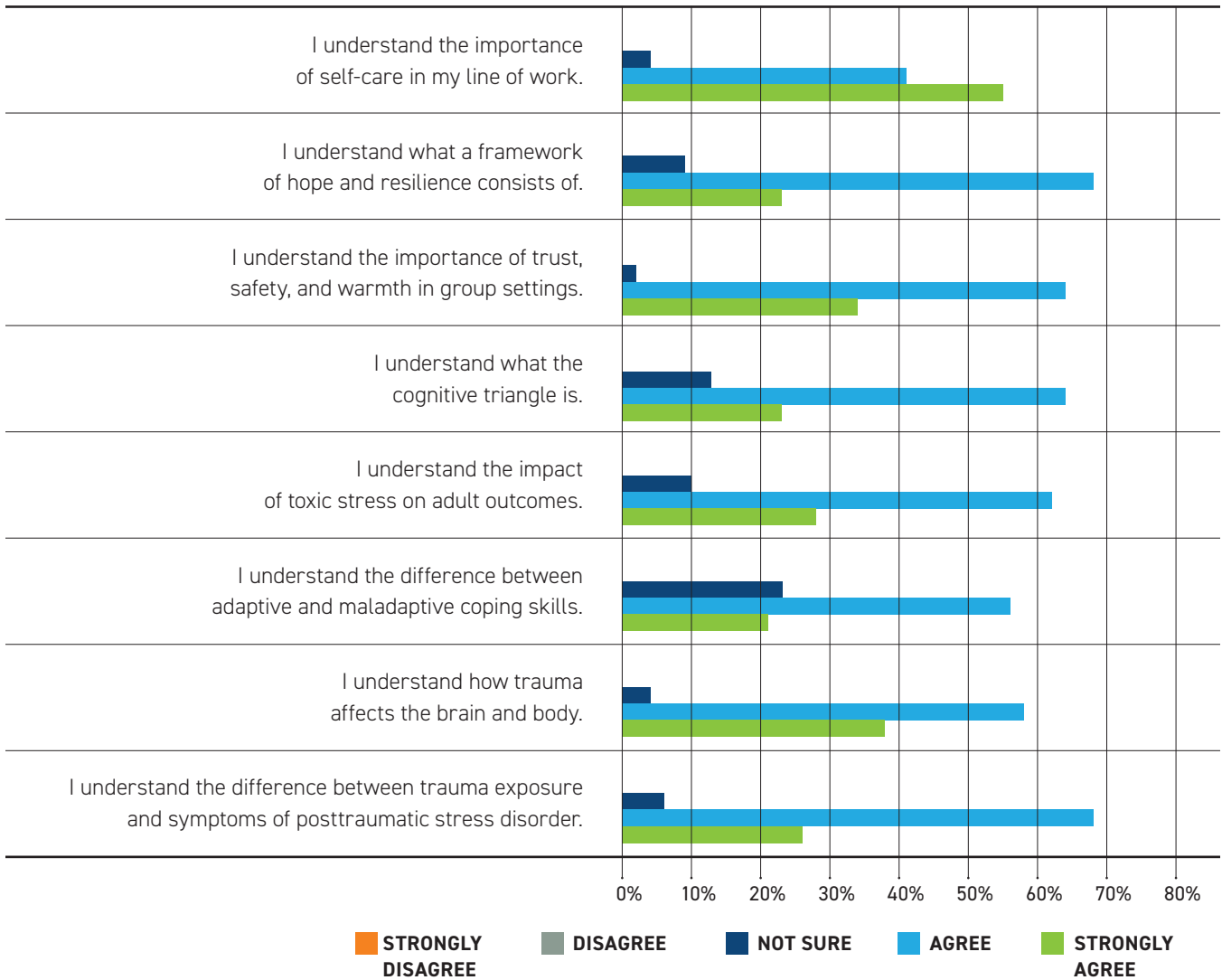
GRYD FCM service providers responded to a series of questions before and after the full series of training sessions regarding their understanding of trauma-informed practices and their confidence in providing trauma-informed care. GRYD FCM providers varied in their understanding of and confidence in providing trauma-informed care prior to the training sessions. Overall, prior to the training sessions, the majority of GRYD FCM providers endorsed that they agree or strongly agree with all the statements except for understanding what the cognitive triangle is.

Following the trainings, GRYD FCM providers increased, overall, in their knowledge and confidence in providing trauma-informed care. In the aggregate, the difference in the scores pre and post training were significantly higher following the trainings (see Figure 14). Overall, GRYD FCM providers were more likely to agree with the statements regarding their understanding of and confidence in their abilities to provide trauma-informed care following the training sessions (See Figures 15 and 16) indicating that the trainings were successful in increasing GRYD FCM providers' understanding of and confidence in providing trauma-informed care.

**FIGURE 14. SUM OF CONFIDENCE AND UNDERSTANDING SCALES BEFORE AND AFTER THE TRAINING SESSIONS**

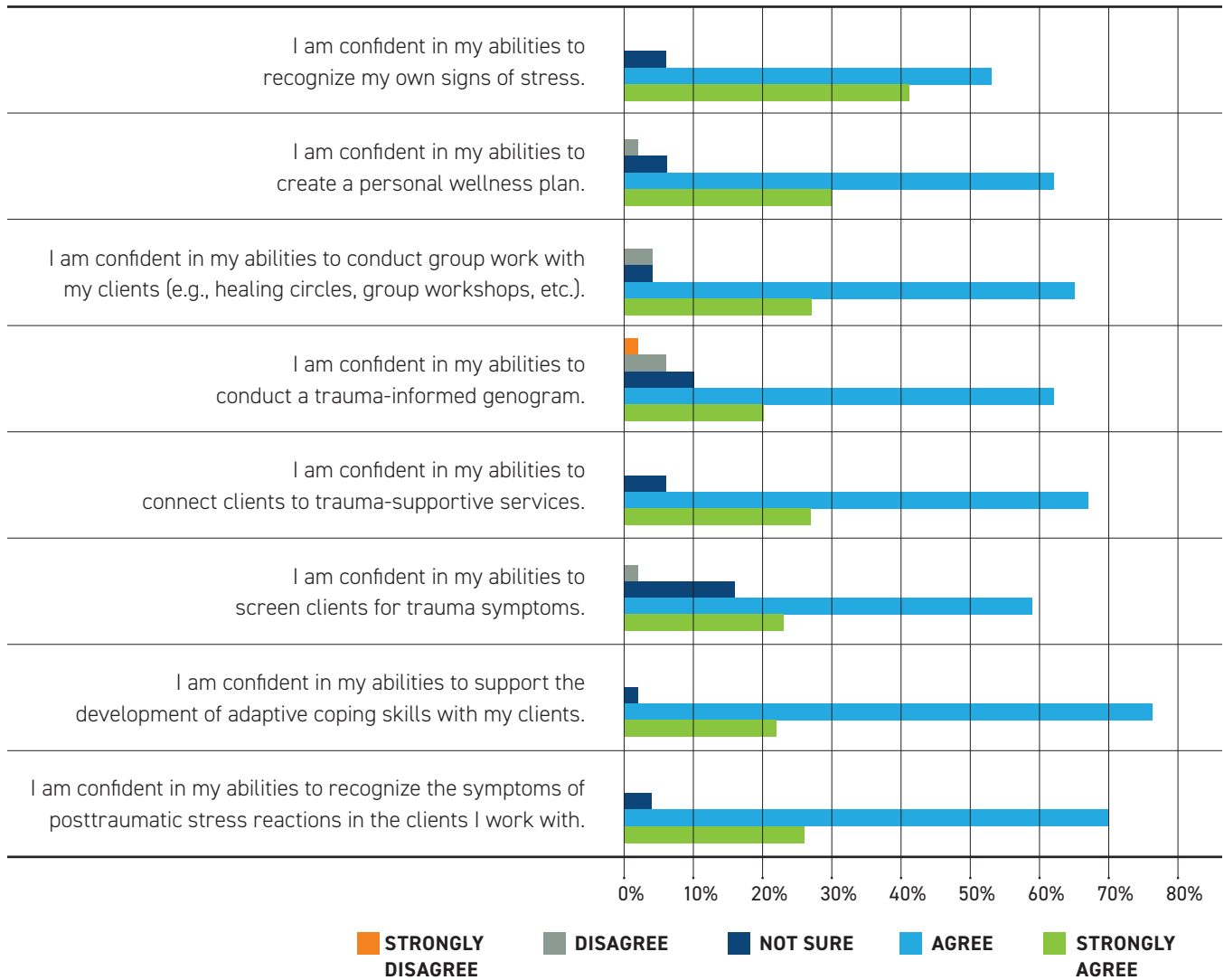


**FIGURE 15. POST-TRAINING: GRYD FCM PROVIDER STAFF UNDERSTANDING OF TRAUMA-INFORMED PRACTICES (N = 53)**





**FIGURE 16. POST-TRAINING: GRYD FCM PROVIDER STAFF CONFIDENCE IN THEIR ABILITIES TO UTILIZE TRAUMA-INFORMED PRACTICES (N = 50)**



### Goal 3:

## Develop and implement a peer mentor model within agencies providing GRYD FCM services that supports the use of trauma-specific practices and attends to staff wellness.

In parallel to the trainings that were being provided, Peer Support Workers (PSWs) were hired to provide ongoing support to the GRYD contracted agencies providing GRYD FCM services. Each PSW was assigned to 4 GRYD provider agencies. These five PSWs attended the trainings provided by Alma Family Services (AFS) (described above) and worked on the ground with agencies to implement the knowledge and skills learned. An overview of the activities they engaged in once they were connected to the agencies are shown in Table 3.

*Table 3. Overall Activities of the Peer Support Workers (n = 5).*

	TOTALS (FEB-JULY)
Number of visits to each site	204
Number of agency-initiated activities attended	76
Number of circles held with GRYD FCM providers	81
Number of attendees across all circles held	999
Number of trainings attended	32
Number of GRYD related activities attended	41

The most common activity the PSWs were engaged in was leading circles for GRYD FCM providers to address work-related stress, wellness, trauma, and grief. PSWs also attended many activities that the GRYD FCM providers coordinated to build rapport with GRYD FCM providers.

PSWs were interviewed every two months once they began working with the agencies. Four PSWs participated in the March interviews, three in May and one in July. Given the small number of interviews conducted, only general takeaways are provided.

*Table 4. General Takeaways from Interviews with PSWs.*

MONTH	NUMBER OF INTERVIEWS	GENERAL TAKEAWAYS
March	4	• Difficulties getting connected to the agencies.
May	3	• Positive impressions of working with the agencies. • Recognition of the trauma GRYD FCM providers deal with.
July	1	• Rapport continues to build.

## Goal 4:

# Evaluate whether the training and technical assistance provided to GRYD FCM provider agencies relates to an increase in the degree to which the organization is utilizing trauma-informed practices and prescribes to the values of a trauma-informed organization.

The organizational assessment described in Goal 1 was resent to individuals following the conclusion of project activities in order to identify whether there were changes in the organizational culture related to trauma-informed care based on the project; however, the response rate was too low to be able to draw any conclusions from the survey. This was due, in part, to the one-year extension of the project due to the pandemic. This meant that the follow-up survey was sent one year later than expected and people's energies had drifted in other directions by this time. In addition, the confound of the pandemic occurring between the pre and post administration of the survey would have likely skewed the results.

Instead, to address this evaluation goal, follow-up interviews were conducted with a random selection of eighteen GRYD FCM providers and RPCs to discuss the overall initiative. Unfortunately, only seven individuals responded following several follow up attempts. Given this response rate (39%), these reflections are not representative of the overall sample. However, their feedback was informative and merits inclusion in this section.

### INTERVIEW TAKEAWAYS RELATED TO THE TRAININGS

**Trainings need to be relevant and useful.** When discussing training more broadly, one respondent noted that agencies aren't always receptive to new tools, or they think they are already using the tools even if they might not be in practice. Another respondent stated that trauma-informed care is important but "*they keep getting the same information over and over again*". A few individuals said the training should have gone into more detail on specific skills.

**Need flexibility about who needs to attend.** One respondent discussed how difficult it was to mandate her teams to attend. They recommended that agencies get more flexibility on who needs to attend. For example, this person felt that it was particularly hard to ask CIWs to attend when they may have been at an incident all night long. Another manager noted that GRYD FCM providers don't always have the capacity to attend trainings from a psychological perspective (e.g., they may need a mental health day). In addition, it was noted that there can be too much training and just not enough time for everything especially now due to the pandemic.

**Training needs to have sustainability.** A program where GRYD provider staff can be certified in something was recommended. Also, one respondent suggested creating a digital resource library on MARC (GRYD's Member Action Resource Center - an intranet for GRYD providers which houses materials such as service Handbooks, reports, and certification courses in areas related to GRYD service provision) where resources can be vetted and housed. This way everyone has access to the same resources and materials and the messaging is consistent. This digital resource library could include webinars, podcasts, and curricula.

### INTERVIEW TAKEAWAYS RELATED TO THE PEER SUPPORT WORKERS

**Variability in PSW's ability to work with agencies.** The ability to engage with GRYD provider agencies and build rapport depended both on the PSW and the agency. Some agencies were simply not open to working with someone they did not know. Other agencies were initially hesitant but eventually opened up to working with the PSW once rapport was built. For example, one agency noted that having the PSW attend all their events made it feel like they were part of the team. Another person noted, "*that person did the best they could*" but the PSW was not able to gain the buy-in from the service providers at this agency.

**Peer Support Workers needed more training.** Several respondents noted that it seemed the PSWs needed more training or more expertise on trauma. One person stated, "*I felt they were learning as we were learning.*" Another respondent noted this as well but also recognized that they were meant to be "*peers,*" so it made sense that they were not trauma experts.

**Agencies appreciated the resources.** GRYD provider agencies who engaged with the PSWs greatly appreciated the resource. Even some agencies who did not engage with the PSW still appreciated the resources that were shared with them.

# CONCLUSIONS

## **GRYD FCM PROVIDER STAFF INDICATE A HIGH LEVEL OF SUPPORT FOR AND USE OF TRAUMA-INFORMED CARE.**

The organizational assessment revealed, across GRYD FCM provider agencies, there is significant interest, use, and support for trauma-informed practices. While it remains unclear which specific trauma-informed tools and practices agencies use, there is general support for trauma-informed care and a recognition of its importance in their work. Future evaluations should dig deeper to assess the specific strategies agencies use to provide trauma-informed care.

## **THE TRAUMA TRAININGS WERE EFFECTIVE IN INCREASING GRYD FCM PROVIDERS' KNOWLEDGE OF TRAUMA AND CONFIDENCE IN THEIR ABILITIES TO PROVIDE TRAUMA-INFORMED CARE.**

GRYD FCM provider staff overwhelmingly indicated that the trainings were relevant and useful to their work. Pre and post test results revealed a significant increase in GRYD FCM providers' knowledge and confidence in their abilities to use trauma-informed care.

## **IT IS CHALLENGING FOR INDIVIDUALS OUTSIDE AN AGENCY CHARGED WITH PROVIDING SUPPORT OR SERVICES TO GAIN BUY-IN FROM GRYD FCM PROVIDERS.**

Agencies, across the board, are hesitant to work with individuals from outside of their agency or individuals they don't know. This hesitancy made it challenging for the PSWs to initially engage in the work they were tasked with. And some agencies never fully engaged with their assigned PSWs. Once agencies engaged with the PSWs they were able to facilitate several healing circles and attended more than one hundred activities (e.g., agency and/or GRYD initiated activities). In addition, individuals noted that the PSWs needed more training. It is possible, then, that if the PSWs had more expertise in trauma-informed care, the engagement and rapport would have been more successful. Future technical assistance efforts should consider the experience and educational background of the PSWs tasked with working with agencies to support the implementation of trauma-informed care.

## **FUTURE TECHNICAL ASSISTANCE, EITHER ON THE GROUND OR VIA TRAINING, SHOULD BE TAILORED TO THE NEEDS AND EXPERTISE OF THE INDIVIDUAL AGENCIES.**

There is great variation among the agencies that provide GRYD FCM services, and this should be taken into consideration in future technical assistance efforts. Some agencies were already utilizing healing circles regularly, had trauma-informed clinicians on site and/or were engaging with trauma experts. The level of trauma expertise at the agency level and specific agency needs should be taken into account for future initiatives. For example, for some agencies the basic trauma training provided was more relevant if they had not attended a trauma training before or had not been providing gang intervention services for very long. While others craved deeper knowledge and more skill-based training. Overall, agencies were interested in wellness activities and trauma-informed care, but the specific practices and policies needed varied across agencies.

# LOGIC MODEL



## Inputs/Resources

- GRYD RPC Coordination
- Cal State LA Research (sub)Team
- Contractors Providing Peer Mentorship
- Contractors Providing Training
- GRYD Office Support
- GRYD Research & Evaluation Team at Cal State LA Support



## Activities

- Multiple trainings
- Peer mentor model implementation
- Organizational assessment
- Training surveys
- Peer mentor model qualitative data collection



## Outputs

- Four trainings offered 6x each
- 23 GRYD Zones connected to Peer Mentors
- Pre-post training quantitative data on approx. 175 individuals
- Pre-post organizational assessments of 23 GRYD Zones
- Up to 12 individuals included in qualitative data collection



## Outcomes

- Increase in knowledge and skills related to trauma-informed care
- Increase in the degree to which agencies and individuals prescribe to and utilize trauma-informed practices
- Increase in GRYD FCM staff wellness



## Impact

- Creation of trauma-informed GRYD FCM intervention agencies
- Increased connection to trauma-specific practices for youth involved in GRYD FCM services

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